

Electronic Reserves Request Form

Instructor Information:

Name _____
(first and last name)

E-mail address: _____

Department: _____

Building, Office #: _____

Campus Telephone: _____

- Please send your reserve requests with a completed copy of this form to the attention of Rhonda Boozer.
- You will be notified by e-mail when your request has been processed.
- **Signature acknowledging copyright compliance is required.**

Course Information:

Course name: _____

Course number: _____

Removal Date: _____

Special Instructions:

New Reserve: _____

Add to Existing Reserve for this course: _____

Copyright Compliance:

SIGNATURE BELOW INDICATES THAT I HAVE READ THE BOARD OF REGENTS POLICY ON THE USE OF COPYRIGHTED WORKS IN EDUCATION AND RESEARCH AND CERTIFIES ONE OF THE FOLLOWING:

(1) The copy/copies I am placing on reserve meet(s) the tests of brevity, spontaneity, and cumulative effect and other fair use provisions as defined in those guidelines.

(2) Permission to copy has been obtained by the copyright owner.

(Signature)

(Date)

(Semester and Year)

